

# Work Order ID 70572

Monday, June 13, 2011 10:23:33 AM



Page 1

Item ID: D350-616-011

Accept



Setup Start



Revision ID:

Stop



Item Name: Emergency Litter

Start Date: 6/10/2011 Start Qty: 2.00

Cust Item ID:

Required Date: 6/22/2011 Req'd Qty: 1.00

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr								
d350-616	E								

100

0.00



DC

Memo

0.00

Document Control

Photocopy bluefile and create labels per PPP D350-616-011  
CHG004

*S. W. L. K.*

*4 for BG 11-8-4*

110

Pick Kit

0.00



Packaging

Memo

0.00

Packaging

*11/8/3 SP* *(2)*

120

QC4- 100% Inspect kits for completeness

0.00



QC

Memo

0.00

Quality Control

*S. W. L. K.*

*(42)*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

**Work Order ID 70572**

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Item ID: D350-616-011

Accept



Setup Start



Revision ID:

Stop



Item Name: Emergency Litter

Start Date: 6/10/2011 Start Qty: 1.00



Cust Item ID:

Required Date: 6/22/2011 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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130

0.00



Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D350-616-011

Location: E

PPP Rev: \_\_\_\_\_

11/8/16 SP

(R)

140

0.00



QC

QC21- Final Inspection - Work Order Release

Memo

0.00

Quality Control

11/8/18 DJ

ME 11-08-16

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Picklist Print

Monday, June 13, 2011 10:23:42 AM

Page 1

Work Order ID: 70572

Parent Item: D350-616-011

Parent Item Name: Emergency Litter



Start Date: 6/10/2011

Required Date: 6/22/2011

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP E ☐ 03.04.04 ☐ Reformat ☐ KJ/RF ☐  
IPP Rev:F 08-12-10 rev.E as per dwg DD verified by:ec

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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D2370		Manufactured	No				Each	0.0000		1			
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Litter Assembly

D2493		Manufactured	No				Each	0.0000		1			
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Patient Stop Assembly

D350-616-013		Manufactured	No				Each	1.0000		1			
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Deck Plate and Tie Down

Location

Loc Qty

Loc Code

FG023

1

68720

1



B70058

B70573 B70227

B70573

B70574

B70573

B70574

B70574

B70574

W4616

CHOWZ

11/8/3

11/8/10

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries